W 1219

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho, 3 16
Statehouse, Boise, Idaho 83720



The name of the professional Center of Post Falls.	limited liability company is: The Physical Therapy
The professional limited liabil of: physical therapy	lity company is organized for the practice of the profession(s)
The address of the initial regineral matter and the second	
The latest date certain on wh	ich the professional limited liability company will dissolve is:
	liability company vested in a manager or managers? Yes No (check appropriate box)
It management is vested in or	ne or more manager(s) list the name(s) and address(es) of et
least one initial manager. If naddress(es) of at least one manager.  Name:	ne or more manager(s), list the name(s) and address(es) of at nanagement is vested in the members, list the name(s) and ember.  Address:
address(es) of at least one m	nanagement is vested in the members, list the name(s) and ember.
address(es) of at least one m Name:	nanagement is vested in the members, list the name(s) and ember.  Address:
address(es) of at least one m Name:	nanagement is vested in the members, list the name(s) and ember.  Address:  26 S. Juniper  Post Falls. Idaho 83854  erson listed in #6  Secretary of State use only  13950608 0900 95899 2